MARYLAND DEPARTMENT OF THE ENVIRONMENT

Land Management Administration • Lead Poisoning Prevention Program
P.O. Box 1417 • Baltimore, Maryland 21203-1417

410-537-3825 • 1-800-633-6101 x3825 • www.mde.state.md.us/lead

LEAD PAINT INSPECTOR AND RISK ASSESSOR ACCREDITATION APPLICATION

I. Instructions

Make check or money order pay 1417 , Baltimore , MD 21203-14 the lead abatement services that a this application for your records. Please print clearly.	17. Fees are non are on behalf of the	-refundable. Fees f eat government. All	or state & local applications, in	l government empl acluding renewals, m	oyees are ust be fille	waived, ed out con	if exclusively providing npletely. Keep a copy of		
		II. General	Applicant 1	Information					
Last Name		Suffix (e.g. Sr., Jr.)	Legal First Nar	ne	Middle Name		lame		
Street Address	<u>.</u>	City			State		Zip Code		
Mailing Address (if different from above)		City	City		State		Zip Code		
Telephone # Email			Date of Birth			Social Se	Security Number		
				/ / _ <u>-</u>			<u></u>		
		III.Appli	cation Typ	e and Fee					
Check one:									
☐ New Applicant (2 year acc	creditation)								
Renewal Applicant (2 yea	r renewal)								
		F : .: 1.							
Accreditation #:; Expiration date:									
Check one:									
☐ Visual Inspector (VI) ······							***************************************		
☐ Inspector Technician (IT)							***************************************		
New applicants – provi	de the following:								
3 rd party IT exam date:									
Risk Assessor (RA) ·······					•••••		***************************************		
New applicants – provi	de the following:								
3 rd party RA exam date	:	;							
1 year minimum experi	ence as a Maryla	nd accredited IT: fr	om:	to:	:	;			
IT accreditation No.:									
Complete Section VI of									
☐ 3 rd Party Examination Fee	(add for naw I	T and RA annlice	inte)				\$ 35,00		
5 Tarty Examination ree	(auu 101 HEW I	т ана кът арриса	<i>-</i>				φ <i>33.</i> 00		
TOTAL FEES SUBMITTED: \$									

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TTY Users: 1-800-735-2258

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Applicant's name as listed on first page:										
IV. Applicant's Training Information List the latest course completed for category applying. Refresher courses are only valid when taken before prior relevant training or accreditation has expired.										
Training card #		Expiration date		Name of training provider						
Course name			Course date(s)							
			From:		To:					
V. Employer Information All inspectors (VI, IT, and RA) are required to work for an accredited Lead Paint Inspection Contractor in the coordinating category. Complete the following employer information. If the contractor is not accredited, include the "Lead Accreditation Application for Contractor" with this application. If you are self-employed, you may apply as your own contractor.										
Contractor Name (required)	e sen-employed, you ma	Contractor Accreditation # (if already have one)								
Street Address		City			State	Zip Code				
Contact Name			Telephone #							
VI. Risk Assessor Experience (New Risk Assessor Applicants ONLY) Attach a list of 20 different addresses where XRF or paint chip sampling was performed; OR a list of 5 addresses where XRF or paint chip sampling was performed and 15 addresses where lead dust inspections were performed. Organize your list in the following way: At top of page: Name of Applicant In a table format: No., Date, Address, Type of Inspection (i.e. XRF, paint chip, or dust)										
This Notice is provided pursuant to § 10-624 of the State Government Article of the Maryland Code. The personal information requested on this form is intended to be used in processing your application. Failure to provide the information requested may result in your application not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment ("MDE") is a public agency and subject to the Maryland Public Information Act (Md. Code Ann., State Gov't §§ 10-601, et seq.). This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State law. I certify that I shall perform work practices according to Code of Maryland Regulations 26.16.01; 26.16.05 and/or 26.02.07. As per Environment Article 1-203 and Family Law Article 10-119.3 of Maryland before any license or permit may be issued or renewed, the issuing authority shall verify through the Office of the Comptroller and the Maryland Child Support Enforcement Administration that the applicant has no outstanding taxes, unemployment insurance contributions or child support.										
Applicant's Original Signature			Date							
	Filled out all apare a new RA ap Provided all 9 o Signed and date Enclosed the apnew RA applica	ligits of your SSN ed the application ppropriate fees (including	s application (included)	uding Sectio	on VI if you					
						•				

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